

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 53
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
SEP 06 2019

ENTERED

Permit #:

19-0320

Date:

9-16-19

Amount Paid:

\$75
\$75 9-13-19

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: SHAWN & CLIVE FRANCIS DUNNE		Mailing Address: 34850 SIEFERT RD		City/State/Zip: BAYFIELD, WI. 54814		Telephone:	
Address of Property: 34850 SIEFERT RD		City/State/Zip: BAYFIELD WI 54814		Cell Phone: 612-703-8033		Plumber Phone:	
Contractor: BLACK HAWK CONSTRUCTION		Contractor Phone: 715-229-5239		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: E 1/2 NW 1/4, SE 1/4		Legal Description: (Use Tax Statement)		Tax ID# 4489		Recorded Document: (Showing Ownership) 2018R 574530	
E 1/2 NW 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM	
Section 10, Township 50 N, Range 04 W		Town of: BAYFIELD		Lot Size		Acreage 5	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 9000.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: TANK-DF	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> TIMBER Use	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> SHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 30	Width: 14	Height: 8
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) STORAGE SHED	(30 X 14)	420
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn Dunne Clive Dunne
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 9/14/19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

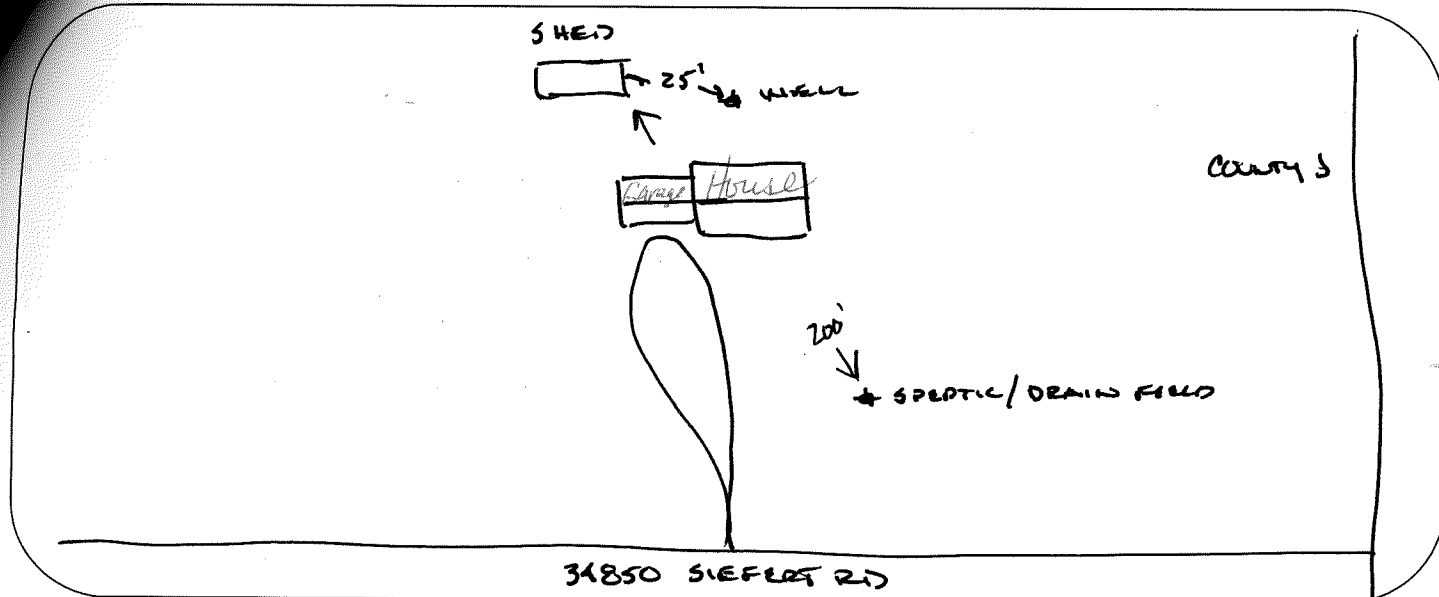
Address to send permit _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- Show Location of: Proposed Construction
 Show / Indicate: North (N) on Plot Plan
 Show Location of (*): (* Driveway and (* Frontage Road (Name Frontage Road)
 Show: All Existing Structures on your Property
 Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)
 Show any (*): (* Lake; (* River; (* Stream/Creek; or (* Pond
 Show any (*): (* Wetlands; or (* Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	302 214.5 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	311 370.8 Feet		
Setback from the South Lot Line	302 241.5 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	209 159.8 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	104 144.2 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	25 Feet
Setback to Drain Field	100 160 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 41399	# of bedrooms:	Sanitary Date: 8-10-83
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0320		Permit Date: 9-16-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Existing structure - ATF, owner on site. Appears code compliant.		Zoning District (A61)		
Date of Inspection: 9-13-19		Inspected by: Todd Norwood		Lakes Classification ()
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:		
Structure shall not be used for human habitation. No pressurized water in structure. Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood		Date of Approval: 9-16-19		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0320** Issued To: **Shawn & Clive Dunne**

E ½ W ½ S ½

Location: **NE** ¼ of **SE** ¼ Section **10** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Shed (30' x 14') = 420 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

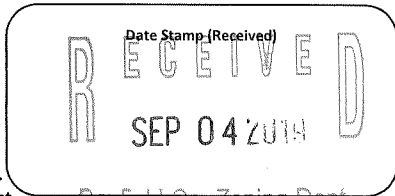
Authorized Issuing Official

September 16, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0319
Date:	9-16-19
Amount Paid:	\$90 9-4-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: SHAWN & CLIVE FRANCIS DUNNE	Mailing Address: 34850 SIEFERT RD	City/State/Zip: BAYFIELD, WI. 54814	Telephone:
Address of Property: 34850 SIEFERT RD	City/State/Zip: BAYFIELD, WI. 54814	Cell Phone:	
Contractor: BLACK HAWK CONSTRUCTION	Contractor Phone: 715-779-3261	Plumber: N/A	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION NE 1/4, SE 1/4	Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) No. Block(s) No.	Tax ID# 4489 0A-006-2-50-0A-10-A 01-000-3000	Recorded Document: (Showing Ownership) 2018R - 574550
Section 10, Township 50 N, Range 04 W		Town of: (006) TOWN OF BAYFIELD	Lot Size Acreage 5

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$ 39,600	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SL + DF	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 30'	Width: 24'	Height: 22'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) GARAGE	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(30 X 24)	720
	<input type="checkbox"/>			
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn Dunne Clive Dunne
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: Sept 14, 2019

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

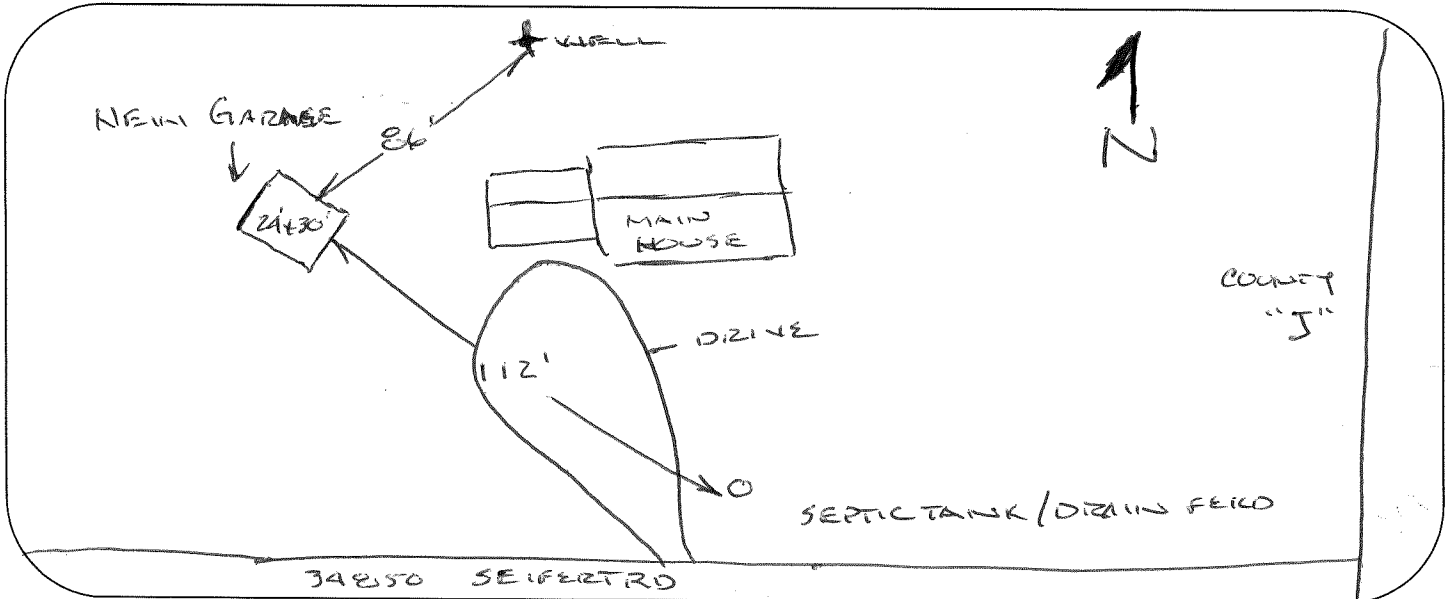
Address to send permit

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- Show Location of: **Proposed Construction** ✓
 (2) Show / Indicate: **North (N) on Plot Plan** ✓
 (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)** ✓
 (4) Show: **All Existing Structures on your Property** ✓
 (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)** ✓
 (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond** N/A
 (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%** N/A



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	241.5 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	370.8 Feet		
Setback from the South Lot Line	241.5 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	159.8 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	144.2 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	112 Feet	Setback to Well	86 Feet
Setback to Drain Field	120 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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Issuance Information (County Use Only)		Sanitary Number: 41399	# of bedrooms:	Sanitary Date: 8-10-13
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0319		Permit Date: 9-16-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: owner and contractor on-site. Project site marked and identified by contractor. Appears code compliant.			Zoning District (AG1)	
			Lakes Classification ()	
Date of Inspection: 9-13-19		Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Structure shall not be used for human habitation/sleeping purposes. No pressurized water in structure. Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood				Date of Approval: 9-16-19
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Units May Also Be Required

AND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0319** Issued To: **Shawn & Clive Dunne**

E ½ W ½ S ½

Location: **NE** ¼ of **SE** ¼ Section **10** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (30' x 24') = 720 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

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Todd Norwood

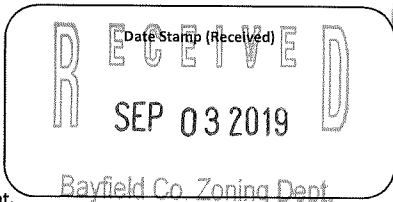
Authorized Issuing Official

September 16, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0326
Date:	9-17-19
Amount Paid:	\$7595-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER															
Owner's Name: DAVE BARNINGHAM		Mailing Address: 34060 Weber Bayfield WI 54814		City/State/Zip: WFS4814		Telephone: 779-5413									
Address of Property: 34060 Weber Rd		City/State/Zip: Bayfield WI 54814		Cell Phone: 209 5444											
Contractor: BARNINGHAM		Contractor Phone:		Plumber:		Plumber Phone:									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No									
PROJECT LOCATION: SW NW 1/4		Legal Description: (Use Tax Statement)		Tax ID#: 4883		Recorded Document: (Showing Ownership) V 424 P 329									
Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) No.		Block(s) No.		Subdivision:	
Section 22		Township 50 N		Range 4 W		Town of: Bayfield		Lot Size 660x330		Acreage 5					

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$5500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			Year Round		<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40'	Width: 30'	Height: 15'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
		Addition/Alteration (explain) NOT PERMANENT HOOD BARN	(40 X 30)	1200
	<input checked="" type="checkbox"/>	Accessory Building (explain) STORAGE - COLD	(X)	
		Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9-2-19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

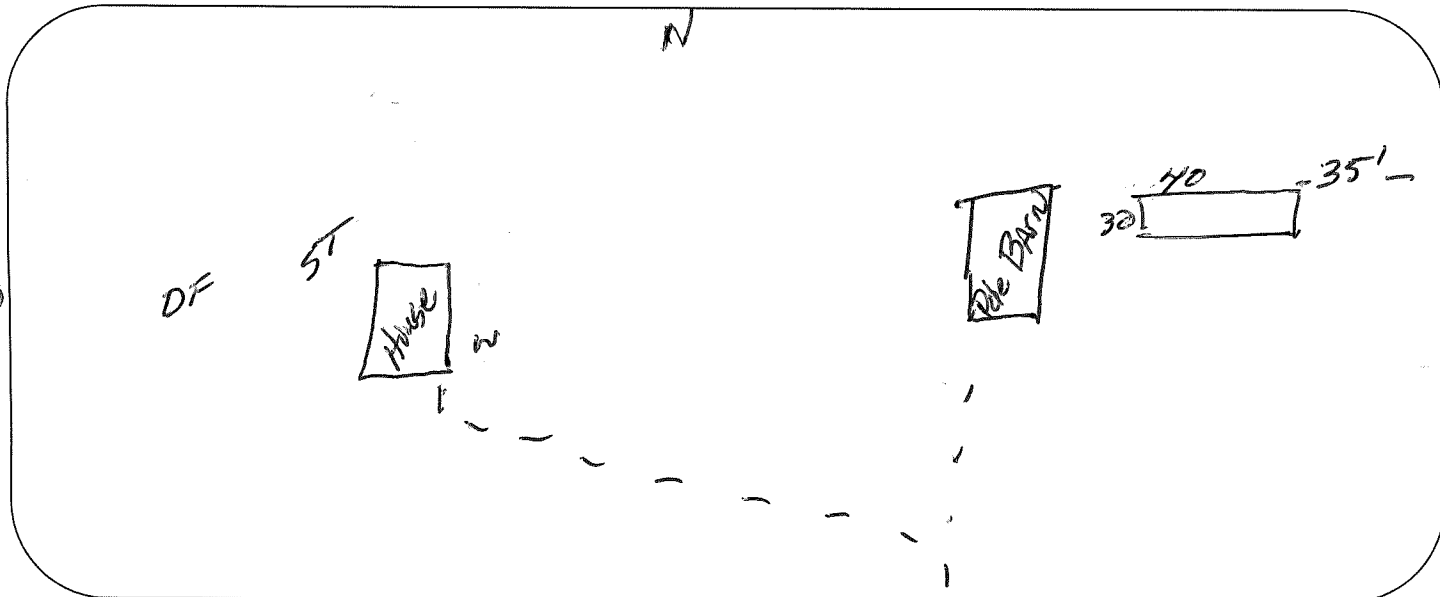
Address to send permit _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

- 6660 - Weber Rd

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	238	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	228	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	100	Feet		
Setback from the South Lot Line	228	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	590	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	35	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	450	Feet	Setback to Well	250 Feet
Setback to Drain Field	475	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 55514	# of bedrooms:	Sanitary Date: 5-10-1973
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0326		Permit Date: 9-17-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Slags
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: owner on-site and project/property lines identified. Apprais Code compliant.		Zoning District (RRB)		
Date of Inspection: 9-13-19		Lakes Classification ()		
Inspected by: Todd Norwood		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Structure cannot be used for human habitation. No pressurized water in structure. Must meet and maintain setbacks. No firewood processing can occur on-site without rezoning to forestry.				
Signature of Inspector: Todd Norwood				Date of Approval: 9-16-19
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0326** Issued To: **Dave & Susan Barningham**

S ½ of SW ¼ of

Location: **SW** ¼ of **NW** ¼ Section **22** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Hoop Shed (40' x 30') = 1,200 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): structure cannot be used for human habitation. No pressurized water in structure. Must meet and maintain setbacks. No firewood processing can occur on-site without rezoning to Forestry-1.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

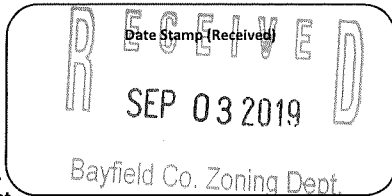
Authorized Issuing Official

September 17, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0333
Date:	9-18-19
Amount Paid:	\$900 9-5-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: <u>Greg Carrier</u>		Mailing Address: <u>34780 S. County Hwy J Bayfield WI 54814</u>		City/State/Zip: <u>Bayfield WI 54814</u>		Telephone: _____	
Address of Property: <u>34760 Chequamegon Rd</u>		City/State/Zip: <u>Bayfield WI 54814</u>		Cell Phone: <u>715-209-0983</u>		Plumber Phone: <u>715-779-5672</u>	
Contractor: <u>Carrier Construction Inc</u>		Contractor Phone: <u>715-209-0983</u>		Plumber: <u>John Meierotto</u>		Plumber Phone: <u>715-779-5672</u>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: _____		Agent Mailing Address (include City/State/Zip): _____		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# <u>04-006-2-50-04-22-4 05-001-3100</u>		Recorded Document: (Showing Ownership) <u>04-006-2-50-04-22-4-00-257-17000-2019R 578770</u>			
<u>1/4</u> , <u>1/4</u>	Gov't Lot <u>1</u>	Lot(s) _____	CSM _____	Vol & Page _____	CSM Doc # _____	Lot(s) No. _____	Block(s) No. _____
Section <u>22</u> , Township <u>50</u> N, Range <u>4</u> W			Town of: <u>Bayfield (See Attached Addendum/Exhibit)</u>			Subdivision: <u>Tax ID: 36289</u>	
			Lot Size _____			Acreage <u>23.18</u>	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>530 ft</u> <u>SEE ATTACHED SHEET</u> feet		
<input checked="" type="checkbox"/> Non-Shoreland	<u>LOCATED IN PIKE BAY SANITARY DISTRICT</u>			

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>300,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story <u>1/2</u>	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City <u>Pikes Bay</u>	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	Use <input type="checkbox"/> _____	<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>38'</u>	Width: <u>24'</u>	Height: <u>28'</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<u>58</u> X <u>24</u>)	<u>1400 sq ft</u>
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Deck / <u>Breezeway</u>	(<u>10</u> X <u>20</u>)	<u>200 sq ft</u>
		with (2nd) Porch	(<u>10</u> X <u>20</u>)	<u>200 sq ft</u>
		with a Deck	(<u>10</u> X <u>20</u>)	<u>200 sq ft</u>
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage / <u>Attached by Breezeway</u>	(<u>20</u> X <u>28</u>)	<u>560 sq ft</u>
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Christina M. Carrier Greg Carrier
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)

Date 9-3-19

Authorized Agent: N/A
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

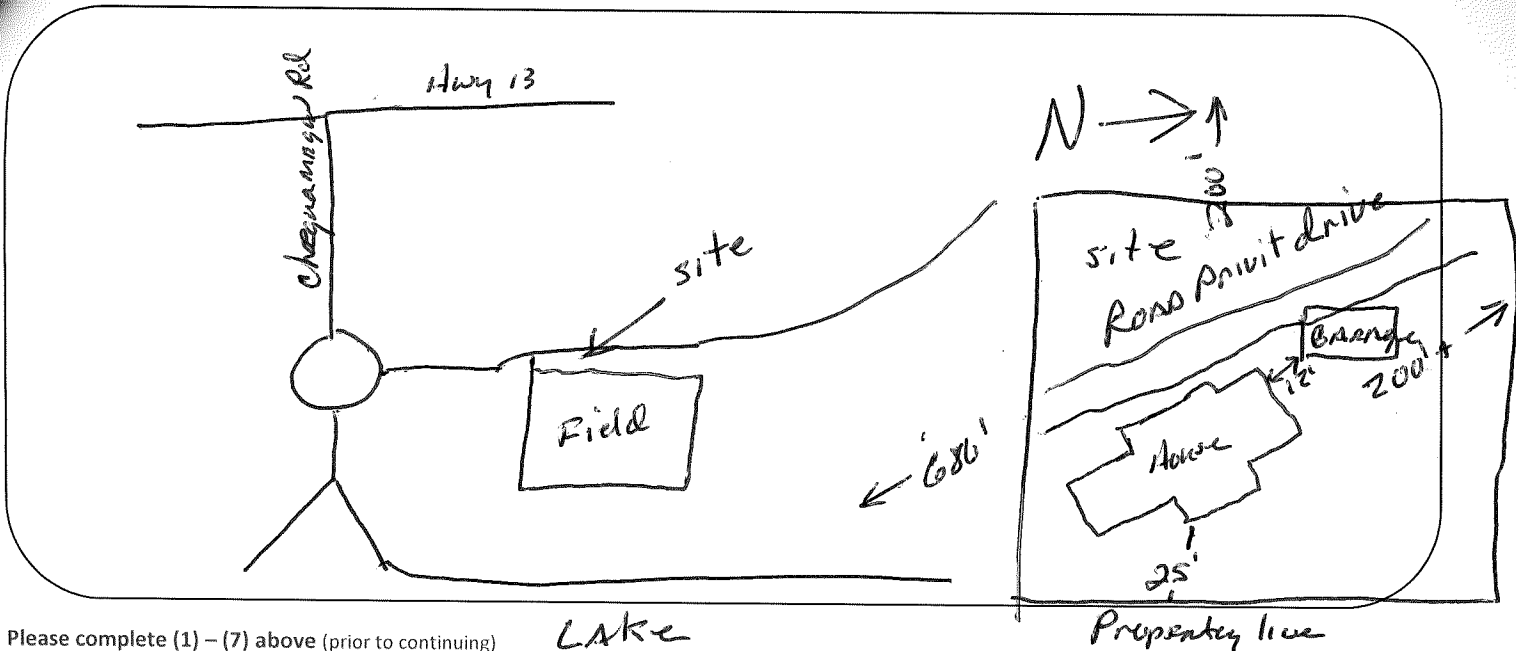
Date 9-3-19

Address to send permit 34780 South County Hwy J Bayfield 54814
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- Show Location of:**
- (2) Show / Indicate: **Proposed Construction**
 - (3) Show Location of (*): **North (N) on Plot Plan**
 - (4) Show: **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 - (5) Show: **All Existing Structures on your Property**
 - (6) Show any (*): **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 - (7) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 - (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	520' 680' Feet	Setback from the Lake (ordinary high-water mark)	550' 1000' Feet
Setback from the Established Right-of-Way	470' 650' Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	200' Feet		
Setback from the South Lot Line	25' 600' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	550' 200' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	610' 25' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Ake Bay Feet		
Setback to Drain Field	" Feet	Setback to Well	50' Feet
Setback to Privy (Portable, Composting)	" Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

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Issuance Information (County Use Only)		Sanitary Number: <u>Pikes Bay Sanitary</u>	# of bedrooms: <u>Letter Attached</u>	Sanitary Date: <u>Letter Attached</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>19-0333</u>		Permit Date: <u>9-18-19</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Project site well-marked and property lines identified by recent survey. Appears code compliant.</u>		Zoning District: <u>(RRB)</u>		
Date of Inspection: <u>9-13-19</u>		Lakes Classification: <u>(1-44) Superior</u>		
Inspected by: <u>Todd Norwood</u>		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes		Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.		
Signature of Inspector: <u>Todd Norwood</u>		Date of Approval: <u>9-13-19</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – City
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0333** Issued To: **Greg & Christine Carrier**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **22** Township **50** N. Range **4** W. Town of **Bayfield**

Part in

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Use:** [**1.5- Story; Residence** (58' x 24') = 1,400 sq. ft.; **Breezeway** (10' x 20') = 200 sq. ft.;
Porch (10' x 20') = 200 sq. ft.; **Deck** (10' x 20') = 200 sq. ft.;
Attached Garage (20' x 28') = 560 sq. ft.] Total Overall = 2,560 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

September 18, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUL 24 2019

Bayfield Co. Zoning Dept.



Permit #:	19-0334
Date:	9-18-19
Amount Paid:	\$420 7-25-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Gary Carrier	Mailing Address: W 4936 Vandenberg Rd City/State/Zip: Durand, WI 54736	Telephone: 715-672-4692
Address of Property: 84660 State Rd Hwy 13	City/State/Zip: Bayfield WI 54814	Cell Phone: 715-495-0633
Contractor: Glaus-Carrier-Cons't	Contractor Phone: 715-214-6890	Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
Tax ID# 4932		Recorded Document: (Showing Ownership) 2817R 569369
PROJECT LOCATION NW 1/4 SW 1/4, NW 1/4	Legal Description: (Use Tax Statement)	Subdivision:
Section 23, Township 50 N, Range 4 W	Town of: Bayfield	Lot Size Acreage 5.1

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$140,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 50'	Width: 36'	Height: 8'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(80 x 36)	1800
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 7-25-19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	175 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	120 140 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	120 140 Feet		
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	242 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	296 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		55
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>Pikes Bay</u>	# of bedrooms: <u>Letter Attached</u>	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>19-0334</u>		Permit Date: <u>9-18-19</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>owner on site and project well marked. Appears code compliant.</u>			Zoning District: <u>(R2B)</u>	
Date of Inspection: <u>8-16-19</u>			Lakes Classification: <u>()</u>	
Inspected by: <u>Todd Norwood</u>			Date of Re-Inspection: _____	
Condition(s): Town, Committee or Board Conditions Attached?				
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.				
Signature of Inspector: <u>Todd Norwood</u>			Date of Approval: <u>9-17-19</u>	
Hold For Sanitary: <u>8 here</u>	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

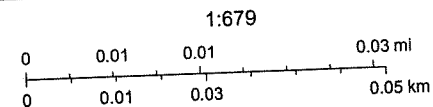
Bayfield County Web AppBuilder



9/17/2019, 9:31:39 AM

- | | | | |
|--------------------|--------------------------------|-----------|--|
| Wetlands | Meander Lines | All Roads | Survey Maps |
| Ashland Co Parcels | Approximate Parcel Boundary | Federal | UnRecorded Map |
| Douglas Co Parcels | Section Lines | State | Recorded Map |
| Rivers | Government Lot | County | Corner Tie Sheets |
| Lakes | Municipal Boundary | Town | Section Corner Monument on File |
| Tie Lines | Red Cliff Reservation Boundary | CFR | Section Corner Monument Referenced on Survey |
| | | Private | |

- Building Footprint 2009-2015
- Changed
 - Demolished
 - Existing
 - New
 - Unknown
 - Driveways



Bayfield County, Bayfield County Land Records

City, Village, State or Federal
its May Also Be Required

AND USE – X
SANITARY – City
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0334** Issued To: **Gary & Ramona Carrier**

Par in NW ¼ of

Location: **SW** ¼ of **NW** ¼ Section **23** Township **50** N. Range **4** W. Town of **Bayfield**
S of Hwy 13

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Residence (50' x 36') = 1,800 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

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